

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | HL       |        | 8-15-01  |
| O.I.P.E. CLASSIFIER       |          | 59     | 8/24/01  |
| FORMALITY REVIEW          | SD       | 515    | 9/28/01  |
| RESPONSE FORMALITY REVIEW | M.D.     | 625    | 04-24-02 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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035  
1-18-01  
9/17  
10-10-01  
11/16